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# **K A N S A S**

KANSAS HEALTH POLICY AUTHORITY

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## **Summary of Town Hall Meetings held July 2006**

September 2006

KHPA conducted three Town Hall meetings during the month of July, 2006, in Kansas City, Wichita and Hays, Kansas. These Town Hall meetings were attended by Authority staff, KHPA Board Members, stakeholders, consumers, lobbyists, legislators, and media representatives. The purpose of these meetings was to gain the public's input on the direction of the Kansas health system. Attendees were given the opportunity to present testimony, limited to five minutes. A media advisory was distributed prior to each meeting; and media availability was scheduled prior to each Town Hall meeting attended by Authority staff and Board members. There was a Question/Answer session held at the end of each Town Hall meeting, open to all attendees. The following is a summary of each of the three meetings:

### **Hays Town Hall Meeting, July 27, 2006.**

There were approximately 40 attendees, and an additional 13 individuals presented testimony. Representing the Authority were: Dr. Marci Nielsen, Dr. Andrew Allison, Scott Brunner; and Board Chair Connie Hubbell, Arneatha Martin, Dr. Vernon Mills, and Susan Page. Local media representatives who attended included: Phyl Zorn (Hays Daily News), Callie Kalasnie (Radio), Becky Kaiser (Eagle Communication – Cable TV). Those who presented testimony are listed below by name, organization, and a brief synopsis of testimony presented.

#### **1. Patricia Dunlap, Rooks County Health Department, representing the Kansas Public Health Association.** Spoke of their Association's five priorities:

- Preparing for and controlling Infectious Disease (control preventable communicable disease; continued education, surveillance and immunizations must remain a top priority).
- Infrastructure (plan for health information technologies and health information exchange projects of our state; connect to funding opportunities and coalitions to replace federal funding; build partnerships to be more efficient).
- Workplace development (large retirement turnover in the very near future; need to have people trained in public health to replace those; must step up our education and training efforts).
- Access to Medical and Dental Care (people who are uninsured delay treatment, have worse health outcomes, create additional burdens to health care systems, contributes to medical debt which is leading cause of personal bankruptcy).
- Chronic Disease Prevention (use best practices such as wellness programs for schools, churches and worksites; focusing on aggressive policies in nutrition, physical activity and tobacco use).

#### **2. Cindy Luxem, President of KS Health Care Association.** Association represents 180 long-term care facilities and is charged with caring for the Kansas frail, elderly and disabled populations.

- Face of long term living in Kansas and across the nation is changing, as the current focus on long term living is keeping seniors and persons w/disabilities independent longer. Kansas has seen a dramatic increase in availability of home and community based services and living options in the last few years. Nursing facilities are seeing an older and frailer consumer with a higher acuity level of care need.
- If the home and community based infrastructure is in place and safely meets the needs for the consumer at home, then their Association supports that effort.

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Benefits and Plan Purchasing:**  
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**State Self Insurance Fund:**  
Phone: 785-296-2364  
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- Association also supports bringing all funding for Medicaid programs under the KS Health Policy Authority, including funding for NF/MFs, HCBS waivers, and all Aging waivers.
- Should continue to promote long term care insurance, making Medicaid the payer of last resort.
- Area of concern is current reimbursement system for residents with moderate to severe cognitive impairment, as well as the mental health consumer. Association suggests conducting a demonstration project to look at a provider coordinated, market driven, and integrated long term care delivery system; and conduct a study to develop payment rates that apply principles suited for long term care.

### **3. Roger John, Great Plain Health Alliance, representing KS Hospital Association.**

- Spoke of health care reform across the nation, in Massachusetts, Arkansas, Maine, Illinois, Pennsylvania, and West Virginia.
- As the Authority continues to look at other state health care reform models, be mindful of the health care reform proposals from the American Hospital Association: affordable coverage, equitable care, health is shared responsibility, demand better stewardship of resources, be financed to meet long term responsibilities, emphasize wellness and preventive care; deliver high quality, evidence-based care; provide coordinated continuity of care; transparency in sharing health information.

### **4. Walter Hill, High Plains Mental Health Center, representing Ass'n of Community Mental Health Centers .**

- High Plains provides mental health services in 20 counties of northwest Kansas, with a staff of 200.
- The center looks forward to continued effective integration of health care and social services policies and dollars.
- The public mental health system in Kansas serves all individuals regardless of ability to pay.
- There are many challenges in the delivery of rural mental health services to include distance/travel time of physicians (alleviated by use of telemedicine), staffing issues, and meeting the needs of growing elderly population who have mental health needs.

### **5. Tom Laing, InterHab.**

- Provided background on the developmentally disabled (DD) delivery system, key statutory developments which led to community networks becoming vested in the care of Kansans with special needs, the transition of consumers from institutional settings to communities, and how Medicaid is used as the principal funding stream.
- Long term challenges include: shrinking employment pool; increased demands on community service providers when enrollment for these services is increased without appropriate reimbursement rates to meet service needs; reallocation of specific resources from current institutional settings into decentralized community service settings; demographics of DD consumers are changing, due to needs in aging, autism, and behavioral issues as well as those who have history with the criminal justice system.

### **6. Dr. Jon Hauxwell, representing the Tobacco Free Kansas Coalition.**

- Spoke to the health care costs related to tobacco use.
- Highlighted tools for a comprehensive tobacco control program which would include: reduce youth access, promote tobacco cessation, protect against tobacco smoke pollution, school-based programs, and address needs of special populations (women, minorities, low income/education populations).

### **7. Henry Johns, representing the Kansas Ass'n of Sleep Professionals (KASP).**

- Non-profit organization dedicated to improving public health by educating health care professionals and the public on the importance of sleep health.
- Sleep disorders include sleep apnea and contributes to severity of cardiovascular diseases and is linked to a variety of high-risk conditions including hypertension, angina, increased risk of stroke, and others.
- Currently Kansas Medicaid does not cover the diagnosis and treatment of sleep disorders for adults.
- Treatment of sleep disorders is important part of a proactive, preventive health care program.
- Request that Medicaid reimbursement be provided for diagnostic testing and treatment which would improve quality of life for a number of Kansans.

**8. Jean Rumbaugh, FirstGuard Health Plan.**

- Provided background as the contractor for managed care HealthWave services.
- Has partnered since 1999 with state agencies (SRS, Authority), KS Medical Society, health care providers, and communities to provide these services to children and families.
- Have a commitment to ongoing evaluation, improvement of access to care, improving quality of services, and provider/member satisfaction.
- FirstGuard looks forward to continued opportunities to work with this agency and stakeholders in providing quality health care services.

**9. Jim Sergeant, Salina Surgical Hospital, representing KS Surgical Hospital Ass'n.**

- Concerned with attempts by 2006 legislators to revise the current Kansas hospital licensure laws and its impact on the specialty hospitals.
- Feel that the "Specialty Hospital" category, as currently licensed, is appropriate and that the language in 2006 legislation has singled out only surgical hospitals.
- Specialty hospitals provide comprehensive services and follow all state and federal regulations which govern all Kansas hospitals.
- Specialty hospitals provide efficient quality of care to all types of patients including Medicare, Medicaid or Workers Compensation.

**10. Dr. Thomas Ashcom, Kansas Heart Hospital.**

- Spoke in support of continuing the licensure of specialty hospitals.
- Expertise of staff, quality and efficiency of services, and better patient outcomes are offered at specialty hospitals.

**11. Richard Miller, Norton County Hospital.**

- Provided overview of operating a critical access hospital (CAH) in rural Kansas.
- CAH provides a critical service to a large service area and is a major employer which contributes to economic survival of those small communities.
- Challenges include staff shortages (physicians, nurses, technical staff), maintaining financial viability, and increasing numbers of the uninsured.
- Small rural hospitals have concerns with the current state employee benefit relating to the LabOne provider network; in addition, a number of small hospitals are not able to offer the state employee health plans to their employees due to cost, small enrollment numbers, and other concerns.

**12. Dave Geist, Southwest Kansas Area Agency on Aging (AAA).** Presented a number of critical health care issues focused on the aging population in that area:

- Cost of delivery of services in rural Kansas is increasing.
- Number of providers is decreasing due to current reimbursement system.
- Need for medical transportation for older Kansans.
- Need to include dental care and purchase of dentures for the elderly.
- Consider ways for AAA to partner with area mental health centers to provide services to elderly.
- Need to fund programs that would encourage healthy promotion and preventive services for the elderly.

**13. Larry Pettit, Consumer.** He is currently receiving mental health services through High Plains Mental Health Center and spoke briefly about the needs of mental health consumers to include:

- Need for transportation services
- Need for preventive health, dental and vision services
- Need better accessibility in rural areas to health care services.

**14. Dr. John Jeter, Hays Medical Center.** Was unable to attend but provided written testimony expressing concerns specific to rural areas:

- Access to physicians and health care services.
- Rising health care costs.
- Growing number of uninsureds.
- Concerns with LabOne provider network, offered through state employee health plan.

- Workforce shortages.
- Fixed reimbursement rates for services.

### **Question and Answer Summary.**

There were no questions from the audience at the Hays Town Hall meeting. Dr. Vernon Mills assured the audience that the Authority and staff are mindful of those individuals needing health care services, especially the needs of the mentally ill, and that consumers need support from all Kansans.

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### **Wichita Town Hall Meeting, July 13, 2006.**

There were approximately 80 attendees, and nine individuals presented testimony. Representing the Authority were: Dr. Marci Nielsen, Dr. Andrew Allison, Scott Brunner; and Board Members Garen Cox, Arneatha Martin, and Joe Tilghman. Legislators who attended were Rep. Geraldine Flaharty, Rep. Melodee Miller, Rep. Dick Kelsey, Rep. Steve Brunk, and Rep. JoAnn Portorff. Media representatives included: Dale Goter, KS Public Television; Bryan Thompson, KS Public Radio; and Andi Atwater, Wichita Eagle. Those who presented testimony are listed below by name, organization, and a brief synopsis of testimony presented.

#### **1. Kevin Conlin, Via Christi Health System.**

- Is a Catholic sponsored organization that owns or co-owns eight hospitals and one specialty hospital, 13 senior communities, and additional medical programs and outpatient treatment centers in the state.
- Last fiscal year, the unreimbursed cost to Via Christi Health System of charity care, unpaid costs of care to Medicare/Medicaid beneficiaries, and other benefits exceeded \$100 million in Kansas.
- Has an interest in the Authority's review and study of specialty hospitals and Kansas hospital licensure laws; and opposes the growth of specialty hospitals due to the impact on available funding for community hospitals and their ability to provide unique clinical services as well as charity services.

#### **2. Sam Serrill, Wesley Medical Center.**

- Spoke to the legislative study of the specialty hospitals and the Kansas Hospital Licensure Law.
- He feels the licensure law should be revised to require determination of general hospitals, limited service facilities, or other types of facilities.
- There are currently medical care facilities which selectively admit patients based on acuity and insurance, selecting the most profitable patients and services.
- This results in community general hospitals bearing the cost of providing charity care for the uninsured Kansans.

#### **3. Marvin Fairbank, Stormont Vail Healthcare.** Commented on:

- Transparency in hospital pricing - making Medicaid reimbursement rates available to the public.
- Gaps in pricing actual cost of service vs. fixed reimbursement rate.
- Provider involvement is needed in Medicaid reform discussions.
- Strongly encourage that physicians increase their number of Medicaid patients, to decrease emergency room use.

#### **4. Sonja Armbruster, Sedgwick Co Health Department, representing the KS Public Health Association.**

Spoke of their Association's five priorities:

- Preparing for and controlling Infectious Disease (control preventable communicable disease; continued education, surveillance and immunizations must remain a top priority).
- Infrastructure (plan for health information technologies and health information exchange projects of our state; connect to funding opportunities and coalitions to replace federal funding; build partnerships to be more efficient).
- Workplace development (large retirement turnover in the very near future; need to have people trained in public health to replace those; must step up our education and training efforts).
- Access to Medical and Dental Care (people who are uninsured delay treatment, have worse health outcomes, create additional burdens to health care systems, contributes to medical debt which is leading cause of personal bankruptcy).
- Chronic Disease Prevention (use best practices such as wellness programs for schools, churches and worksites; focusing on aggressive policies in nutrition, physical activity and tobacco use).

**5. Terry Lambert, Newman Regional Health, representing KS Hospital Association.**

- Spoke of the importance of hospital pricing transparency and ensuring that the data that is shared among the public is meaningful.
- Need to create common definitions for hospitals to describe pricing information.
- Need to ensure that insurance companies have available an insured enrollees' expected out-of-pocket expenses.
- The focus must be on coordination of health care data provided by hospitals.
- Lastly asked that the Authority look closely at the Specialty Hospital review and study to ensure Kansas consumers have consistent definitions that properly describe the hospitals for licensure.

**6. Marilyn Cook, COMCARE.**

- Employs nearly 500 people in the Sedgwick County area; have seven outpatient locations throughout Wichita, and provide services to approximately 13,000 individuals locally.
- Challenges include funding for mental health services, educating the public about treatment to help dispel stigma associated with mental health patients, working with non-compliant individuals with mental health needs.
- She emphasized importance of evidence-based practices such as the Dartmouth College Supported Employment Practice.

**7. Mike Hammond, Ass'n of Community Mental Health Centers of KS.**

- CMHC represents 29 licensed community mental health centers, and provides outpatient mental health services in all 105 Kansas counties; has a collective staff of over 4,000 professionals.
- Provided a "snapshot" of CMHC's role in the public mental health system and services offered; he shared several consumers' success stories due to the mental health services received by CMHCs; he outlined descriptions of various Risk and Protective Factors (evidence-based) related to mental disorders; shared a Transformation Grid.
- Support the Comprehensive Neuroscience Project, a partnership between SRS and Medicaid to review prescribing practices for Medicaid beneficiaries who receive behavioral health medications.
- Support approach taken on the recent revisions to the State Medicaid Plan.
- Concerns their Association have include: Impact of Presumptive Disability on the mentally ill; Deficit Reduction Act impact on Medicaid consumers; erosion of employer insurance coverage; rising insurance premiums; limited resources.
- Lastly their Association feels the January 2007 timeline to expand services under the Authority to include mental health services is too ambitious and that assuming these additional services at that time would not be in the best interest of the consumers and families.

**8. Jerry Winkelman, concerned citizen.**

- Had concerns with the Medicare Part D program in the areas of enrollment of services, receiving accurate information, and general customer service.
- He felt it was very confusing for any senior citizen to understand the process of enrolling or obtaining correct information on services offered.

**9. Peggy C. Johnson, Comprehensive Cancer Plan of Kansas** (no written testimony available). She provided a brief overview of services offered by the Comprehensive Cancer Plan; shared concerns with accessibility and funding of these services to Kansans.

**Question and Answer Summary.**

1. Question by Dr. DesMuck (unable to obtain first name) - related to Medicaid reimbursement rates vs. actual delivery cost and reimbursement rate methodology. Dr. Nielsen responded that Medicaid is reimbursed at different rates due to managed care, DRG payments, and cost shift differentials. Scott Brunner provided brief explanation of the recent distribution of provider assessments and also explained briefly the disproportionate share (DSH) process. Joe Tilghman spoke to the cost shift issue, that the cost vs. charges of Medicare providers are reviewed annually, and that for Medicaid reimbursement, we need to ensure that reimbursement is adequate to provide quality care and accessibility to services.

2. Questions by Rep Melodee Miller – related to providing necessary services to children and pregnant women as well as balancing cost of providing care to the elderly and very ill; additional question related to providing support to the Governor’s initiative “Healthy Kansas First Five” (proposed during 2006 legislative session), which proposed to provide health insurance coverage to all eligible children 0-5 years of age, which would have been approximately 15,000 children. She felt the expense of providing preventive care to this population would be far less expensive than providing critical care and asked if the Authority would support a similar proposal during next legislative session. Dr. Nielsen responded that demographics for the needy populations are changing nationally and statewide; state and federal governments are challenged to provide adequate funding to providers for these necessary services. Dr. Nielsen added that the Authority Board will be discussing an initiative which would increase access to Medicaid services for children 0-5 years of age. Joe Tilghman commented also on the importance of preventive care.
3. Comment by Dave Sanford with GraceMed – related to strengthening the safety net for the poor and the need to address the uninsured population. GraceMed plans to begin a dental residency program next year as there is a tremendous need for dental services for the poor and elderly; his facility has served that population for a number of years, has seen over 32,000 people needing services at their new facility just very recently; overall has seen a dramatic increase in the numbers of people needing basic health care services. Dr. Nielsen responded that the Board will need to discuss the issue of accessibility in more detail, that there is a number of areas to address when speaking of “accessibility”, i.e. access to health care, access to health insurance, universal access. Dr. Allison added that our agency needs to continue to work with the federal level, as access to care certainly needs to be part of the overall solution.
4. Comment by Bev White (unable to obtain name of organization) – spoke to the importance of coordination of health data between the public health clinics, hospitals, and other health care providers, to help with ease of reporting and analyzing data. Dr. Nielsen responded that the Board will be reviewing database management in the very near future, and that there is a wide variety of data resources available throughout the state, but it is important to take a coordinate approach to data reporting.
5. Questions by Mark Masterson (unable to obtain name of organization) - related to juvenile offender placements in out-of-home settings, had questions on Medicaid coverage for this service and the “medical necessity” definition for payment. Scott Brunner responded that children in custody are covered by Medicaid either through the Juvenile Justice Authority or SRS Foster Care, which is governed by the state plan. “Need for service” is covered by medical necessity and prior authorization is required. Dr. Allison added that the “medical necessity” definition qualifies a child for Title XIX services that is then matched with federal dollars.

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### **Kansas City Town Hall Meeting, July 11, 2006.**

There were approximately 50 attendees, and twelve individuals presented testimony. Representing the Authority were: Dr. Marci Nielsen, Dr. Andrew Allison, Scott Brunner; and Board Chair Connie Hubbell, Dr. Ray Davis, Kathy Greenlee, and Joe Tilghman. There was one legislator in attendance, Sen. Chris Steineger. There were no media representatives in attendance. Those who presented testimony are listed below by name, organization, and a brief synopsis of testimony presented.

#### **1. Deanne Bacco, KS Advocates for Better Care.**

- Mission for organization is advocating for quality long term health care, especially for frail adults in institutional settings.
- Kansas needs a greater number of licensed nurses and certifies nurse aides in general and certainly in long term care setting.
- Establish statutory parity for all "at risk" or vulnerable persons who suffer from abuse, neglect and exploitation (punishment levels should be the same for abuse of children and mistreatment of dependent adults).
- Community-based long term health care services should be accessible for vulnerable persons who want to avoid institutionalization. Provides consumer choice; and community-based services are in most

## **2. Marvin Fairbank, Stormont-Vail HealthCare.**

- Shared concerns about inadequate Medicaid reimbursement rates; that even with the recent provider assessment program which adjusted payments to specific health care providers, the reimbursement rates are not covering the service delivery cost to Medicaid patients.
- Especially shared frustration with the Authority's recent actions which would seek additional Managed Care Organizations (MCOs) to provide services for Medicaid consumers and offer those organizations a more-than-adequate capitation payment schedule; however the hospitals which actually provide the care to Medicaid patients are not adequately compensated.

## **3. Dr. Ellen Averett, KS Public Health Association, representing the KS Public Health Association.**

- Organization's membership includes public health practitioners, researchers, health services providers, administrators, and teachers.
- Many of the vulnerable population receive health care services from public health agencies or with public health resources.
- Scope of public health across the nation has greatly increased. In addition to traditional public health functions, public health staff are now trained in bioterrorism response, there are new and emerging diseases facing our populations, and globally public health workforce must be prepared to manage pandemics.
- Their Association's five priorities are: Preparing for and controlling Infectious Diseases; Funding and Support needed for Infrastructure; Workforce development for public health staff; Chronic disease prevention; Access to medical and dental care.
- Would like to see additional efforts in these areas: Accreditation and best practices for health departments; collaboration among public health agencies; Public health research and evaluation of services; Funding stability and increased funding.

## **4. Jim Paquette, Providence Medical Center, representing the KS Hospital Association.**

- Serves on the Health care Access Improvement Panel and appreciates the open discussions that have taken place during those meetings.
- Spoke of necessity of adequate reimbursement rates as well as effective payment process.
- Need more equitable way of distributing disproportionate share (DSH) money.
- Appreciated the work done to implement the hospital provider assessment program over the past year; this program improved Medicaid payments to hospitals and physicians and proved to be a successful collaborative effort between state agencies, legislators, and health care providers.

## **5. Pete Zevenberger, Wyandotte Center for Community Behavioral Health, representing the Ass'n of Community Mental Health Centers.**

- CMHC represents 29 licensed community mental health centers, and provides outpatient mental health services in all 105 Kansas counties; has a collective staff of over 4,000 professionals.
- Provided a "snapshot" of CMHC's role in the public mental health system and services offered; he shared several consumers' success stories due to the mental health services received by CMHCs; he outlined descriptions of various Risk and Protective Factors (evidence-based) related to mental disorders; shared a Transformation Grid.
- Support the Comprehensive Neuroscience Project, a partnership between SRS and Medicaid to review prescribing practices for Medicaid beneficiaries who receive behavioral health medications.
- Support approach taken on the recent revisions to the State Medicaid Plan.
- Concerns their Association have include: Impact of Presumptive Disability on the mentally ill; Deficit Reduction Act impact on Medicaid consumers; erosion of employer insurance coverage; rising insurance premiums; limited resources.
- Lastly their Association feels the January 2007 timeline to expand services under the Authority to include mental health services is too ambitious and that assuming these additional services at that time would not be in the best interest of the consumers and families.

## **6. Jim Beckwith, Northeast KS Area Agency on Aging.**

- Shared his concerns with rural health care especially for the elderly population.

- There are increasing shortages of medical professionals and facilities in rural counties. There are many Kansas counties which have fewer physicians but yet greater percentages of seniors needing health care services.
- In rural areas without community hospitals, services are offered by home health agencies or nursing facilities. These providers, as well as small rural pharmacists, are bearing the cost of serving these Kansans; but yet HHA reimbursement rates are very low and rural pharmacists experience several months delay for Medicare reimbursement.
- Rural meal sites have been impacted by the increase in fuel costs but yet in some areas, these sites are the only option for Kansans for a nutritious meal.
- Medical transportation in rural areas is another challenge.
- A comprehensive study is needed to understand delivery of health care services in rural areas.

**7. Dr. Michael Fox, representing KS Health Consumer Coalition and the KS Public Health Association.**

- Highlighted the critical issues already presented by Dr. Ellen Averett in her testimony, on behalf of the KS Public Health Ass'n to include: the need to fund and support infrastructure (health information technologies and exchange projects within our state; Workforce development; Chronic disease prevention; Preparing for and controlling infectious diseases.
- Additional public health critical issues are: Obesity; Health disparities between racial and ethnic groups; Tobacco use and influences; increase in violence and injuries to young children; and the diminishing affordability of health insurance for families.
- Speaking of the KS Health Consumer Coalition – obtained their incorporation just this past year and is active in two primary areas: statewide enrollment of high risk seniors and persons with disabilities into the Part D Medicare Prescription Drug benefit, and understanding the scope of medical debt in Kansas.
- Encouraged the Authority to continue to obtain consumer input whenever possible; and applauds the efforts of the Authority in health care reform.

**8. Barbara Bohm, consumer.**

- Had concerns with Medicare Part D prescription plan in obtaining documentation from the Medicare Part D help-line staff regarding deductible amounts, co-pay amounts, and payment of prescriptions.
- Also received inconsistent information on the various prescription plans for enrollment and timeframes for refilling of prescriptions.

**10. Karla Finnell, Kansas Ass'n of Medically Underserved.**

- Spoke of the need to strengthen safety net for the uninsured.
- Spoke of KAMU's support of the recent Governor's initiative which would have provided health care coverage for children 0-5 years of age. Concerns with the Deficit Reduction Act (DRA) provisions which require new citizenship documentation for individuals applying for Medicaid services, especially in areas of language barrier and transportation. Spoke of importance of investigating fraud and misuse of Medicaid but cautioned that the burden of these investigations are not placed on the providers.

**11. Carl Hill, KS Public Employees Association.**

- Asked the Authority to use the state's purchasing power to obtain the most cost-effective health care services for its consumers and to develop an effective education program to encourage consumers to use their health care services appropriately.
- Suggested that a lower prescription drug cost be negotiated, especially for retirees on a fixed income
- Suggested that an aggressive education campaign be launched to assist consumers in making wise health care choices.

**12. Senator Chris Steineger, Kansas City (no written testimony available).**

- Spoke of global economy and the impact of health care costs globally and how we need to adopt new ideas on decreasing health care costs.
- Explained how European countries manage medical malpractice by placing three limitations on these types of cases: schedule of benefits (no claims for pain/suffering and no contingency fees for attorneys); rationale distribution of resources; and a single payer system.
- He supported the work currently being done in Kansas on advanced medical ID cards and electronic health records.



- Need to decentralize programs wherever possible and take advantage of funding streams such as block grants from the federal government.

**Questions and Answer Summary:**

1. Comment from Barb Bohm - related to the closure of Topeka State Hospital, its impact on patients, and how she felt it resulted it cost the state more money to provide care for those patients after closure.
2. Question from Dr. Fox - related to the Authority Board's recent Retreat and asked the status of the Board's Principles. Dr. Nielsen referred him to the Retreat Summary (available on website) and that the Principles have not yet been finalized as the Board's first priority will be the preparation and submission of the agency budget.
3. Comment from Larrie Ann Lower, lobbyist - asked if copies of the testimony presented at these Town Hall meetings would be posted on the website; Dr. Nielsen responded that this information would be available on the agency's website; however there are updates being made to the agency's server and email system and that the agency's website is being revised as well, so there could be a delay in posting this material.